



**CITY OF PULLMAN**  
**EMPLOYMENT APPLICATION**  
**325 S.E. PARADISE STREET**  
**PULLMAN, WA 99163**  
**(509) 338-3207**

THE CITY OF PULLMAN IS AN EQUAL OPPORTUNITY "AT-WILL" EMPLOYER. IF YOU NEED ASSISTANCE IN COMPLETING THIS APPLICATION, PLEASE CONTACT THE HUMAN RESOURCES DEPARTMENT AT (509) 338-3207. T.D.D. 1-800-833-6388.

**An incomplete application may delay action or disqualify you.**  
**Please type or use a ballpoint pen in completing this application.**

POSITION APPLIED FOR: \_\_\_\_\_ DATE: \_\_\_\_\_

NAME: \_\_\_\_\_  
Last First Middle

PRESENT ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ST. \_\_\_\_\_ ZIP \_\_\_\_\_

PERMANENT ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ST. \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE: (HOME) ( ) (BUSINESS) ( ) (MSG) ( )

PREVIOUS CITY EMPLOYEE? \_\_ YES \_\_ NO DATES: FROM \_\_\_\_\_ TO \_\_\_\_\_

POSITION HELD: \_\_\_\_\_

ARE YOU RELATED BY BLOOD, ADOPTION, OR MARRIAGE TO ANY CURRENT CITY EMPLOYEE? \_\_ YES \_\_ NO

EMPLOYEE NAME AND POSITION: \_\_\_\_\_

ARE YOU OVER THE AGE OF 18? \_\_ YES \_\_ NO

ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS? \_\_ YES \_\_ NO Proof of citizenship or immigration status will be required at time of employment.

HAVE YOU BEEN CONVICTED FOR THE VIOLATION OF ANY LAW (EXCEPT MINOR TRAFFIC VIOLATIONS OF \$75 OR LESS) WITHIN THE LAST TEN YEARS?

\_\_ YES \_\_ NO IF YES, LIST THE CITY WHERE ISSUED, THE CHARGE, DATE OF ISSUE, AND DISPOSITION:

**CONVICTION DOES NOT NECESSARILY BAR YOU FROM EMPLOYMENT WITH THE CITY OF PULLMAN.**

U.S. MILITARY SERVICE: \_\_ YES \_\_ NO SPECIALITY: \_\_\_\_\_

BRANCH OF SERVICE: \_\_\_\_\_ DATE IN: \_\_\_\_\_ DATE OUT: \_\_\_\_\_

MANAGEMENT/SUPERVISORY EXPERIENCE? \_\_ YES \_\_ NO NUMBER OF YEARS: \_\_\_\_\_

Number of Employees Managed/Supervised: \_\_\_\_\_ Describe your primary management/supervisory functions: \_\_\_\_\_

PROFESSIONAL CERTIFICATIONS: (Please list any professional certifications and their expiration dates.

\_\_\_\_\_  
Certification Expiration Date

\_\_\_\_\_  
Certification Expiration Date

## EDUCATION

School	Name and Address of School	Course of Study	Years Completed	Diploma/Degree
High School				
Undergraduate				
Graduate				
Other				

## WORK HISTORY

**RESUMES MAY BE ATTACHED BUT WILL NOT BE ACCEPTED AS A SUBSTITUTE FOR COMPLETING THIS SECTION. BEGINNING WITH YOUR PRESENT OR MOST RECENT EMPLOYMENT, LIST YOUR WORK EXPERIENCE FOR AT LEAST THE LAST TEN YEARS, INCLUDING PERIODS OF SELF-EMPLOYMENT & U.S. MILITARY SERVICE. ATTACH SEPARATE SHEETS IF NECESSARY. IF AN ANSWER IS NOT KNOWN, PUT N/A.**

<b>Employer:</b>	Dates Employed		Work Performed
<b>Address:</b>	From	To	
<b>Telephone:</b>			
<b>Job Title:</b>	Hrly Rate/Salary		
<b>Supervisor:</b>	Start	Final	____ Full-time      ____ Part-time
<b>Reason for Leaving:</b>			<b>May we Contact:</b> ____ Yes      ____ No

<b>Employer:</b>	Dates Employed		Work Performed
<b>Address:</b>	From	To	
<b>Telephone:</b>			
<b>Job Title:</b>	Hrly Rate/Salary		
<b>Supervisor:</b>	Start	Final	____ Full-time      ____ Part-time
<b>Reason for Leaving:</b>			<b>May we Contact:</b> ____ Yes      ____ No

<b>Employer:</b>	Dates Employed		Work Performed
<b>Address:</b>	From	To	
<b>Telephone:</b>			
<b>Job Title:</b>	Hrly Rate/Salary		
<b>Supervisor:</b>	Start	Final	____ Full-time      ____ Part-time
<b>Reason for Leaving:</b>			<b>May we Contact:</b> ____ Yes      ____ No

<b>Employer:</b>	Dates Employed		Work Performed
<b>Address:</b>	From	To	
<b>Telephone:</b>			
<b>Job Title:</b>	Hrly Rate/Salary		
<b>Supervisor:</b>	Start	Final	_____ <b>Full-time</b> _____ <b>Part-time</b>
<b>Reason for Leaving:</b>			<b>May we Contact:</b> __ Yes      __ No

<b>Employer:</b>	Dates Employed		Work Performed
<b>Address:</b>	From	To	
<b>Telephone:</b>			
<b>Job Title:</b>	Hrly Rate/Salary		
<b>Supervisor:</b>	Start	Final	_____ <b>Full-time</b> _____ <b>Part-time</b>
<b>Reason for Leaving:</b>			<b>May we Contact:</b> __ Yes      __ No

## REFERENCES

**PLEASE PROVIDE NAMES OF ADDITIONAL REFERENCES (OTHER THAN PREVIOUSLY LISTED SUPERVISORS) WHO CAN PROVIDE INFORMATION CONCERNING YOUR CHARACTER AND QUALIFICATIONS RELATIVE TO THE POSITION.**

1.      NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_  
COMPLETE ADDRESS: \_\_\_\_\_  
RELATIONSHIP TO YOU: \_\_\_\_\_
  
2.      NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_  
COMPLETE ADDRESS: \_\_\_\_\_  
RELATIONSHIP TO YOU: \_\_\_\_\_
  
3.      NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_  
COMPLETE ADDRESS: \_\_\_\_\_  
RELATIONSHIP TO YOU: \_\_\_\_\_

## ADDITIONAL COMMENTS

**DESCRIBE ANY ADDITIONAL TRAINING, SKILLS, AND ABILITIES OR WORK EXPERIENCE YOU POSSESS RELEVANT TO THE POSITION APPLIED FOR:**

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## SKILLS

TYPING OR COMPUTER KEYBOARDING EXPERIENCE?    ☐ YES    ☐ NO    w.p.m. \_\_\_\_\_

COMPUTER EXPERIENCE?   ☐ YES   ☐ NO            IBM COMPATIBLE?   ☐ YES   ☐ NO

List the software programs you have worked with:

Word processing: \_\_\_\_\_

Spreadsheet: \_\_\_\_\_

Database: \_\_\_\_\_ Internet: \_\_\_\_\_

HAND TOOLS    ☐ YES   ☐ NO    List tools: \_\_\_\_\_

POWER TOOLS   ☐ YES   ☐ NO    List tools: \_\_\_\_\_

IF THE POSITION APPLIED FOR REQUIRES A DRIVER'S LICENSE, DO YOU HAVE A VALID LICENSE?    ☐ YES   ☐ NO

State of Issue: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Do you have a C.D.L.?   ☐ YES   ☐ NO   If yes, list Class and endorsements: \_\_\_\_\_

LIST ANY ADDITIONAL MACHINES, TOOLS, OR EQUIPMENT WHICH YOU OPERATE RELEVANT TO THE POSITION:

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## CERTIFICATION

**I CERTIFY UNDER PENALTY OF PERJURY THAT ALL STATEMENTS CONTAINED IN THIS APPLICATION (AND ATTACHMENTS, IF ANY) ARE TRUE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT FALSE STATEMENTS MAY BE SUFFICIENT REASON FOR DISMISSAL IF I AM HIRED BY THE CITY OF PULLMAN. ALL STATEMENTS SUBMITTED ON THIS APPLICATION FOR EMPLOYMENT MAY BE INVESTIGATED AND VERIFIED BY THE CITY AND/OR ITS AGENTS PRIOR TO APPOINTMENT OR NON-APPOINTMENT.**

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

**EMPLOYMENT IS CONTINGENT UPON THE SUCCESSFUL COMPLETION OF AN EMPLOYMENT ELIGIBILITY VERIFICATION FORM (I-9) [P.L. 99-603: U.S. IMMIGRATION REFORM AND CONTROL ACT OF 1986]; AND, WHEN APPLICABLE, AN APPLICANT DISCLOSURE FORM (PURSUANT TO CHAPTER 486, LAWS OF 1987 AS AMENDED) AND WASHINGTON STATE PATROL CRIMINAL HISTORY BACKGROUND CHECK (R.C.W. 43.43.830-840).**

**THE CITY OF PULLMAN IS AN EQUAL OPPORTUNITY EMPLOYER AND ASSURES EQUAL EMPLOYMENT REGARDLESS OF RACE, CREED, COLOR, ETHNICITY, NATIONAL ORIGIN, SEX, AGE, MARITAL STATUS, OR THE PRESENCE OF ANY SENSORY, MENTAL, OR PHYSICAL DISABILITY.**